



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medical Assistance Programs and all Managed Care Organizations (MCOs)

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO Special
DATE 12/5/2005

SUBJECT: Modifications to the Virginia Medicaid Preferred Drug List (PDL) Program and PDL Quicklist & Medicare Part D Implementation – Effective January 1, 2006

The purpose of this memorandum is to inform you of:

- Modifications to Virginia Medicaid's PDL (effective January 1, 2006); and
- Upcoming changes to the prescription drug benefits for Medicare patients who also have Medicaid coverage (Medicare Part D - effective January 1, 2006).

PREFERRED DRUG LIST UPDATES – EFFECTIVE JANUARY 1, 2006

The PDL is a list of preferred drugs by therapeutic class for which the Medicaid program allows payment without requiring prior authorization (PA). DMAS implemented the PDL program to provide clinically effective and safe drugs to its clients in a cost-effective manner. Other clinical criteria may also apply for each respective drug class. In the designated classes, drug products classified as non-preferred will be subject to PA. There are provisions for a 72-hour supply of necessary medications so that this initiative will not cause an individual to be without an appropriate and necessary drug therapy.

The PDL is effective for the Medicaid, MEDALLION, and FAMIS Plus fee-for-service populations. The PDL **does not** apply to recipients enrolled in a MCO or FAMIS enrollees. Your continued support of this program is critical to its success.

DMAS implemented Phase I of the PDL in January 2004 with 13 therapeutic drug classes. The Pharmacy & Therapeutics (P & T) Committee recently conducted its second annual review of the PDL Phase I drug classes, and several changes were made to the preferred status of drugs in these classes. The therapeutic classes included in the annual review of PDL Phase I were:

- HMG CoA Reductase Inhibitors (Statins)
- Lipotropics: CAI (formerly included with Statins)
- COX-2 Inhibitors
- Proton Pump Inhibitors (PPIs)
- Angiotensin Receptor Blockers (ARBs - formerly named Angiotensin Receptor Antagonists)
- Angiotensin Converting Enzyme Inhibitors (ACE Inhibitors)
- Inhaled Corticosteroids
- Nasal Steroids
- Beta Adrenergics
- COPD - Anticholinergics (formerly included with Beta Adrenergics)
- Beta Blockers
- Calcium Channel Blockers
- Histamine - 2 Receptor Antagonists
- Second Generation Antihistamines (LSAs)
- Benzodiazepine Sedative Hypnotics (formerly included with Sedative Hypnotics)
- Other Sedative Hypnotics (formerly included with Sedative Hypnotics)

The P&T Committee has deemed six new drug classes “PDL eligible,” and those classes will be included with Phase I in the future. The six new drug classes subject to the PDL, beginning January 1, 2006, include:

- Electrolyte Depleters
- Urinary Tract Antispasmodics
- Topical Immunomodulators
- Lipotropics Non-Statins: Fibrin Acid
- Lipotropics Non-Statins: Niacin Derivatives
- Phosphodiesterase 5 Inhibitor for Pulmonary Arterial Hypertension (PAH)

The P & T Committee also evaluated new drugs within the drug classes contained in the other PDL Phases. Based on this review of Phase I drug classes, new drug classes, and new drugs in Phases II and III, the additions and changes to the PDL, effective January 1, 2006, are as follows:

ADDITIONS AND CHANGES TO PREFERRED STATUS

Benazepril HCL and Benazepril HCL-HCTZ (ACE Inhibitors)
Asmanex (Inhaled Corticosteroids)
Nasonex and Nasacort AQ (Nasal Steroids)
Famotidine (Histamine-2 Receptor Antagonists)
Zetia (Lipotropics: CAI)
Spiriva, Atrovent AER W/ADAP, and Atrovent HFA (COPD Anticholinergics)
Gemfibrozil and Antara (Lipotropics Non-Statins: Fibric Acid)
Niaspan and Niacor (Lipotropics Non-Statins: Niacin Derivatives)
Detrol LA, Ditropan XL, Oxybutynin Chloride, Oxytrol, Sanctura, Vesicare, and Enablex (Urinary Tract Antispasmodics)
Renagel, Phoslo, and Fosrenol (Electrolyte Depleters)
Elidel and Protopic (Topical Immunomodulators)
Revatio (Phosphodiesterase 5 Inhibitor for PAH)

ADDITIONS AND CHANGES TO NON-PREFERRED STATUS

Benicar, Benicar HCT, Micardis and Micardis HCT (ARBs)
Nasarel (Nasal Steroids)
Ambien CR and Rozerem (Other Sedative Hypnotics)
Factive (Quinolones)
Zmax and Clarithromycin (Generic Biaxin) (Macrolides)
Actonel® with Calcium CO-PACK (Bisphosphonates)
Tricor, Lofibra, Lopid, Fenofibrate, and Triglide (Lipotropics Non-Statins: Fibric Acid)
Niacin SR, Slow-Niacin, and Niacin IR (Lipotropics Non-Statins: Niacin Derivatives)
Detrol and Ditropan (Urinary Tract Antispasmodics)

The updated PDL Quicklist is attached with this memo reflecting all changes. Please note that the revised PDL Quicklist only includes “preferred” drugs (no PA required). If the drug requested is not on the list, a PA is required.

You may also access the complete list of pharmaceutical products included on the Virginia PDL by visiting <http://www.dmas.virginia.gov/pharm-home.htm> or <https://virginia.fhsc.com>.

Additional information and Provider Manual updates will be posted as necessary. Comments regarding this program may be emailed to the P&T Committee at pdlinput@dmas.virginia.gov.

PRIOR AUTHORIZATION (PA) PROCESS

A message indicating that a drug requires a PA will be displayed at point-of-sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the patient's prescribing provider to request that they initiate the PA process. Prescribers can initiate PA requests by letter, faxing the attached form to 1-800-932-6651, or contacting the First Health Services Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week). Faxed and mailed PA requests will receive a response within 24 hours of receipt. PA requests can be mailed to:

First Health Services Corporation
ATTN: MAP Department/ VA Medicaid
4300 Cox Road
Glen Allen, Virginia 23060

A copy of the PA form is available online at <http://www.dmas.virginia.gov/pharm-home.htm> or <https://virginia.fhsc.com>. The PDL criteria for PA purposes are also available on both websites.

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY PROCESSING POLICY

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the physician is not available to consult with the pharmacist (after hours, weekends, or holidays), AND the pharmacist, in his/her professional judgment consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to First Health Services Corporation (FHSC) at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply.

The patient will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" and then "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY DISPENSING FEE PROCESS

Pharmacy providers are entitled to an additional \$3.75 dispensing fee (brand name drugs) or \$4.00 (generic drugs) when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

Any questions regarding the PDL dispensing process can be referred to FHSC at 1-800-932-6648 (available 24 hours a day, seven days a week).

PERSONAL DIGITAL ASSISTANT (PDA) DOWNLOAD FOR PDL QUICKLIST

There are two ways to download the PDL list for PDA users. On the DMAS website (www.dmas.virginia.gov), there is a link that enables providers to download the PDL Quicklist to their PDAs. To access this link, please click on "Pharmacy Services," then "Preferred Drug List," then "PDL Quicklist PDA Format." This page will have complete directions for the download and HotSync operations. If you are an ePocrates® user, you may also access Virginia Medicaid's PDL through the ePocrates® formulary link at www.epocrates.com. ePocrates® is a leading drug information software for handheld computers (PDAs) and desktop computers. A large number of healthcare providers use this software in their daily practice. For more information and product registration, please visit the ePocrates® website.

To download the Virginia Medicaid PDL via the ePocrates® website to your PDA, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx® installed on your PDA.
2. Connect to the Internet and go to www.epocrates.com.
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.
5. Select "Virginia" from the "Select State" menu.
6. Select "Virginia Medicaid-PDL" under "Available Formularies."
7. Click on "Add to My List" and then click on "Done."
8. Auto Update your PDA to install the "Virginia Medicaid-PDL" to your PDA.

MEDICARE PART D DRUG COVERAGE IMPLEMENTATION – EFFECTIVE JANUARY 1, 2006

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) created a prescription drug benefit under the Medicare program, Medicare Part D, which will begin on January 1, 2006. It is a voluntary program available to all beneficiaries; however, the MMA mandates that Medicaid enrollees who are also Medicare eligible (dual eligibles) no longer have Medicaid prescription drug benefits, effective January 1, 2006. This affects over 100,000 Medicaid fee-for-service recipients in the Commonwealth of Virginia.

MEDICAID COVERAGE

Recipients with any form of Medicare coverage (either Medicare Part A or Part B) are eligible for Medicare Part D and will be excluded from most Medicaid pharmacy benefits. Virginia Medicaid will maintain records that dual eligible recipients are Medicare eligible and/or have eligibility for third party pharmacy benefits (other supplemental coverage); however, specific plan information will not be available. Medicaid pharmacy benefits for dual eligibles may be denied for any third party coverage. When submitting claims at POS, pharmacy providers will see the Medicaid coverage denial (rejected) reason: "Verify Part D coverage."

There are specific drug classes that are excluded by law under the new Medicare Part D program. Medicaid will continue to cover these medications within the currently established guidelines of its pharmacy benefit program. Coverage of these drugs will be in accordance with existing Medicaid policy as described in Chapter 50 of the Virginia Administrative Code (12 VAC 30-50; “Amount, Duration, and Scope of Medical/Remedial Services”). Those drug classes that Medicaid will continue to cover for dual eligibles are as follows:

- Medications for weight loss (PA required);
- Legend and non-legend medications for symptomatic relief of cough and colds;
- Prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations);
- Over-the-counter medications (prescriptions are required);
- Barbiturates; and
- Benzodiazepines

Medicaid will also continue to provide benefits for prescription drugs administered under Medicare Part B based on current coverage guidelines. Prescription drug claims processed for dual eligibles will remain subject to Virginia Medicaid’s PDL. Medicare Prescription Drug Plans (PDPs) will cover compound drugs that include covered Part D drugs. Medicaid will pay for compounded medications for Part D recipients when the active ingredients include only the above referenced medications and the compound is prior authorized.

MEDICARE PART D RESOURCES

You should have received a great deal of information from the Centers for Medicare and Medicaid Services (CMS) and other sources about these significant changes. Please read this material carefully as your understanding and ability to communicate these changes to beneficiaries will greatly assist this vulnerable population through this transition.

ENROLLEE INFORMATION

Medicare beneficiaries are asked to choose one of the approved, private Prescription Drug Plans (PDPs) that will provide pharmacy benefits beginning next year. Full dual eligible beneficiaries will automatically be enrolled with a PDP effective January 1, 2006, unless the beneficiary takes action to enroll in a PDP. Beneficiaries may select any plan with premiums below the state benchmark for low-income subsidy during the dual eligibles’ open enrollment period (November 15, 2005 through December 31, 2005) and may change plans at any time following the auto-assignment process to be effective on the first of the month following the change request. **Virginia Medicaid will not have access to information on the beneficiaries’ selected PDP after the initial assignment through the automatic enrollment process.** The coverage provided by these PDPs may differ because of variations in formularies and pharmacy networks. A state-specific, formulary search is available on the CMS website at this link:

<http://plancompare.medicare.gov/formularyfinder/selectstate.asp>

The Virginia Area Agencies On Aging (AAAs) are providing assistance in various communities. Through their Virginia Insurance Counseling Assistance Project (VICAP), they educate and assist Medicare beneficiaries and their caregivers about various health insurance programs, including Medicare Part D. A listing of the AAAs may be found in Attachment B, by visiting <http://www.aging.state.va.us/vicap.htm>, or calling 1-800-552-3402.

MEDICARE FACILITATED ENROLLMENT PROCESS

It is possible that some beneficiaries may present at the pharmacy and discover that they have not been auto-enrolled in a Part D plan. CMS has developed the facilitated enrollment process as a point-of-sale (POS) solution to ensure full dual eligible individuals experience no coverage gap when Part D is implemented. If a beneficiary presents at a pharmacy with evidence of both Medicaid and Medicare eligibility but without current enrollment in a Part D plan, the beneficiary will be able to leave the pharmacy with his/her prescriptions.

CMS has contracted with two vendors that will coordinate and expedite the facilitated enrollment process. The first vendor is Wellpoint, a national PDP that can provide POS access and offer plans below the low-income premium subsidy amount in every region. The second vendor is Z-Tech, a CMS enrollment contractor that can expedite validation of dual eligibility and return independently verified information on the individual's eligibility for enrollment to the national PDP. Pharmacies will essentially bill a special Wellpoint account for claims payment.

CMS and its contractors should provide detailed instructions on this process to all pharmacy providers. More detailed information and CMS updates on the facilitated enrollment process are also posted to the DMAS website (www.dmas.virginia.gov) under the "Medicare Part D" link from the home page.

PHARMACY INFORMATION

Pharmacy providers are asked to contact the beneficiary's PDP with questions regarding the plan's pharmacy benefits. There are 16 stand-alone prescription drug plan organizations and 7 Medicare Advantage Prescription Drug Plan organizations contracted to provide services in the Commonwealth of Virginia.

For a listing and contact information for these plans, please visit the DMAS website at www.dmas.virginia.gov (under "Provider Services," then "Medicare Part D") or the CMS website through the following link:

<http://www.medicare.gov/MPDPF/Public/Include/DataSection/Results/ListPlanByState.asp>

Other information useful to pharmacy providers may be found at the following web link:

<http://www.cms.hhs.gov/medicarereform/pharmacy/default.asp>

Pharmacies may contact the pharmacist(s) in the CMS regional office at 1-215-861-4186 with questions related to the administration of the Medicare Part D program. Pharmacy providers can also contact the First Health Services Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week) with questions specifically regarding Virginia Medicaid's pharmacy benefit policies for dual eligible recipients.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

| | |
|----------------|---|
| 1-804-786-6273 | Richmond area and out-of-state long distance |
| 1-800-552-8627 | All other areas (in-state, toll-free long distance) |

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

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Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (4)

Within these categories,
drugs that are not listed are
subject to Prior Authorization



Virginia Medicaid Preferred Drug List
(Attachment A)
Effective January 1, 2006



First Preferred Health Clinical Call Center
Phone: 1-800-932-6648
Fax: 1-800-932-6651

ANALGESICS

**NON-STEROIDAL ANTI-
INFLAMMATORY DRUGS**

Diclofenac****
Diflunisal
Etodolac****
Fenoprofen
Flurbiprofen
Ibuprofen
Indomethacin****
Ketoprofen****
Ketorolac
Meclofenamate Sodium
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

**NON-STEROIDAL ANTI-
INFLAMMATORY –**

COX II INHIBITORS**

Celebrex®

LONG-ACTING

NARCOTICS***

Avinza®
Duragesic® (Brand Only)
Morphine Sulfate tablets SA®
Oramorph SR®

**ANTIBIOTICS –
ANTIINFECTIVES**

**ORAL ANTIFUNGALS –
ONYCHOMYCOSIS**

Lamisil®

**CEPHALOSPORINS –
2ND GENERATION**

Cefaclor ****
Ceftin Suspension®
Cefuroxime
Cefzil® ****
Lorabid® ****
Raniclor®

**CEPHALOSPORINS –
3RD GENERATION**

Cedax® ****
Omnicel® ****
Spectracef®

MACROLIDES

Biaxin® ****
Erythrocin Stearate
Erythromycin Base
Erythromycin Ethylsuccinate
Erythromycin Estolate Suspension
Erythromycin Stearate
Erythromycin w/Sulfisoxazole
Zithromax® ****

**QUINOLONES – 2ND
GENERATION**

Ciprofloxacin****
Ofloxacin****

**QUINOLONES – 3RD
GENERATION**

Avelox®
Avelox ABC Pack®

ASTHMA –ALLERGY

**ANTI HISTAMINES – 2ND
GENERATION**

Alavert®****
Claritin® OTC****
Loratadine OTC****
Claritin- D® OTC
Loratadine- D 12h OTC
Loratadine-D OTC
Zyrtec® Syrup (No PA req. ONLY for
under age 2)

**BETA ADRENERGICS-
SHORT ACTING**

Albuterol
Alupent® MDI
Maxair Autohaler®
Proventil® HFA
Ventolin® HFA

**BETA ADRENERGICS –
LONG ACTING**

Foradil®
Serevent Diskus®

**BETA ADRENERGICS FOR
NEBULIZERS**

Accuneb®
Albuterol sulfate
Metaproterenol
Xopenex®

**BETA ADRENERGIC/
CORTICOSTEROID INHALER
COMBINATIONS**

Advair Diskus®

COPD ANTICHOLINERGICS

Atrovent AER W/ADAP
Atrovent HFA®
Combivent®
Duoneb®
Spiriva®

INHALED CORTICOSTEROIDS

AeroBid®
AeroBid M®
Asmanex®
Azmacort®
Flovent HFA®
Pulmicort Respules®
QVAR®

LEUKOTRIENE INHIBITORS

Accolate®
Singulair®

NASAL STEROIDS

Flonase®
Flunisolide
Nasacort AQ®
Nasonex®

CARDIAC MEDICATIONS

ACE INHIBITORS

Benazepril HCL
Benazepril HCL /HCTZ
Captopril
Captopril HCT
Enalapril

® = Registered Trade name

**Clinical Prior Authorization required

***=Must attempt and fail two Short Acting Narcotics; unless diagnosis requires Long Acting Narcotic as first line

**** Indicates that **All** available dosage forms made for that product (for example XR, SR, Suspension, Reditabs etc) are covered without a PA. If **** is not indicated and another dosage forms exists, a PA is required.

Within these categories,
drugs that are not listed are
subject to Prior Authorization



Virginia Medicaid Preferred Drug List
(Attachment A)
Effective January 1, 2006



First Preferred Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

Enalapril HCT
Lisinopril
Lisinopril HCT

**ACE INHIBITORS/
CALCIUM CHANNEL
BLOCKERS**
Lotrel®

**ANGIOTENSIN RECEPTOR
ANTAGONISTS**
Diovan®
Diovan HCT®
Cozaar®
Hyzaar®

BETA BLOCKERS
Acebutolol
Atenolol
Atenolol /Chlorthalidone
Betaxolol
Bisoprolol Fumarate
Bisoprolol /HCTZ
Coreg
Labetalol
Metoprolol tartrate
Metoprolol/HCT
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sorine
Sotalol
Sotalol AF
Timolol maleate

**CALCIUM CHANNEL
BLOCKERS -
DIHYDROPYRIDINE**

Afeditab CR®
Dynacirc®****
Felodipine ER
Nicardipine
Nifediac CC®
Nifedical XL®
Nifedipine****
Norvasc®
Plendil®
Sular®

**CALCIUM CHANNEL
BLOCKERS-
NON-DIHYDROPYRIDINE**

Cartia XT®
Diltia XT®
Diltiazem****
Taztia XT®
Verapamil****

LIPOTROPICS: STATINS

Advicor®
Altoprev®
Lescol®****
Lovastatin®
Pravachol®
Zocor®

LIPOTROPICS: FIBRIC ACID

Antara®
Gemfibrozil®

**LIPOTROPICS: NIACIN
DERIVATIVES**

Niaspan®
Niacor®

LIPOTROPICS: CAI
Zetia®

**PDE-5 INHIBITORS -
PULMONARY
HYPERTENSION****
Revatio**

**CENTRAL NERVOUS
SYSTEM**

**STIMULANTS/ADHD
MEDICATIONS**

Adderall XR®
Amphetamine Salt Combo
Concerta®
Dextroamphetamine****
Dextrostat®
Focalin****®
Metadate****®
Methylin****®
Methylphenidate
Ritalin LA®
Strattera®

SEDATIVE HYPNOTIC

Chloral Hydrate
Estazolam

Flurazepam
Restoril® 7.5 mg (until generic available)
Temazepam
Triazolam
OTHER SEDATIVE HYPNOTIC
No preferred products at this time

**ORAL HYPOGLYCEMICS
ALPHAGLUCOSIDASE INH.**
Glyset®
Precose®

**ORAL HYPOGLYCEMICS
BIGUANIDES**
Metformin****

**ORAL HYPOGLYCEMICS
-BIGUANIDE COMBINATIONS**
Avandamet® (When returned to market)
Glyburide-Metformin HCl
Metaglip®
Glucovance®

**ORAL HYPOGLYCEMICS -
MEGLITINIDES**
Starlix®

**ORAL HYPOGLYCEMICS 2ND
GENERATION SULFONYLUREAS**
Glipizide****
Glyburide****

**ORAL HYPOGLYCEMICS-
THIAZOLIDINEDIONES**
Actos®
Avandia®

® = Registered Trade name

**Clinical Prior Authorization required

***=Must attempt and fail two Short Acting Narcotics; unless diagnosis requires Long Acting Narcotic as first line

**** Indicates that **All** available dosage forms made for that product (for example XR, SR, Suspension, Reditabs etc) are covered without a PA. If **** is not indicated and another dosage forms exists, a PA is required.

Within these categories,
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Virginia Medicaid Preferred Drug List
(Attachment A)
Effective January 1, 2006



First Preferred Health Clinical Call Center
Phone: 1-800-932-6648
Fax: 1-800-932-6651

GASTROINTESTINAL

HISTAMINE-2 RECEPTOR

ANTAGONISTS (H-2RA)

Ranitidine
Famotidine
Zantac[®] Syrup (No PA req. For ONLY
under age 12)

PROTON PUMP INHIBITORS

Prilosec[®] OTC
Protonix[®]
Omeprazole (No PA req. ONLY for under
age 12)
Prevacid Caps[®] (No PA req. ONLY for
under age 12)
Prevacid Susp[®] (No PA req. ONLY for
under age 12)

GENITOURINARY

URINARY ANTISPASMODICS

Detrol LA[®]
Ditropan XL[®]
Enblex[®]
Oxybutynin
Oxytrol[®]
Sanctura[®]
VESicare[®]

OPHTHALMIC

GLAUCOMA – ALPHA-2

ADRENERGICS

Alphagan P[®]
Brimonidine Tartrate
Iopidine[®]

GLAUCOMA BETA-BLOCKERS

Betaxolol HCl
Betimol[®]
Betoptic S[®]
Carteolol HCl
Levobunolol HCl
Metipranolol
Timolol Maleate****

GLAUCOMA – CARBONIC
ANHYDRASE INHIBITORS

Azopt[®]
Cosopt[®]
Trusopt[®]

GLAUCOMA –
PROSTAGLANDIN ANALOGS

Lumigan[®]
Travatan[®]
Xalatan[®]

OSTEOPOROSIS

BISPHOSPHONATES

Actonel[®]
Fosamax[®] ****
Fosamax Plus D[®]

MISCELLANEOUS

ELECTROLYTE DEPLETERS

Fosrenol[®]
Phoslo[®]
Renagel[®]

SEROTONIN RECEPTOR

AGONISTS (Tryptans)

Imitrex[®] ****
Maxalt[®]
Maxalt-MLT[®]

TOPICAL

IMMUNOMODULATORS**

Elidel[®] **
Protopic[®] **

**Phone Numbers for DMAS
PDL Program**

First Health Clinical Call Center
Prior Authorization (PA) Requests

Fax: 1-800-932-6651
Phone: 1-800-932-6648

NOTE: Fax requests are responded to within
24 hours. For urgent requests, please call.

NOTE: Not all medications listed are
covered by all DMAS programs. Check
individual program coverage.

For program drug coverage information, go
to www.dmas.virginia.gov or
<http://virginia.fhsc.com>.

[®] = Registered Trade name

**Clinical Prior Authorization required

***=Must attempt and fail two Short Acting Narcotics; unless diagnosis requires Long Acting Narcotic as first line

**** Indicates that **All** available dosage forms made for that product (for example XR, SR, Suspension, Reditabs etc) are covered without a PA. If **** is not indicated and another dosage forms exists, a PA is required.

VIRGINIA AREA AGENCIES ON AGING (Attachment B)

| AGENCY | TELEPHONE | AREAS SERVED |
|---|------------------------------|--|
| Alexandria Office of Aging and Adult Services | 703-838-0920 | City of Alexandria. |
| Appalachian Agency for Senior Citizens, Inc. | 276-964-4915 800-656-2272 | Counties of Buchanan, Dickenson, Russell & Tazewell. |
| Arlington Agency on Aging | 703-228-1700 | County of Arlington. |
| Bay Aging | 804-758-2386 866-758-2386 | Counties of Essex, Gloucester, King & Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond & Westmoreland. |
| Central Virginia Area Agency on Aging, Inc. | 434-385-9070 | Counties of Amherst, Appomattox, Bedford, & Campbell. Cities of Bedford & Lynchburg. |
| Crater District Area Agency on Aging | 804-732-7020 | Counties of Dinwiddie, Greensville, Prince George, Surry & Sussex. Cities of Colonial Heights, Emporia, Hopewell & Petersburg. |
| District Three Senior Services | 276-783-8158 800-541-0933 | Counties of Bland, Carroll, Grayson, Smyth, Washington & Wythe. Cities of Bristol & Galax. |
| Eastern Shore Area Agency on Aging | 757-442-9652 800-452-5977 | Counties of Accomack & Northampton. |
| Fairfax Area Agency on Aging | 703-324-5411 866-503-0217 | County of Fairfax. Cities of Fairfax & Falls Church. |
| Jefferson Area Board for Aging | 434-817-5222 | Counties of Albemarle, Fluvanna, Greene, Louisa, & Nelson. City of Charlottesville. |
| Lake Country Area Agency on Aging | 434-447-7661 800-252-4464 | Counties of Brunswick, Halifax, & Mecklenburg. |
| LOA-Area Agency on Aging, Inc. | 540-345-0451 | Counties of Allegheny, Botetourt, Craig & Roanoke. Cities of Covington, Roanoke & Salem. |
| Loudoun County Area Agency on Aging | 703-777-0257 | County of Loudoun. |
| Mountain Empire Older Citizens, Inc. | 276-523-4202 800-252-6362 | Counties of Lee, Scott & Wise. City Of Norton. |
| New River Valley Agency on Aging | 540-980-7720 866-260-4417 | Counties of Floyd, Giles, Montgomery & Pulaski. City of Radford. |
| Peninsula Agency on Aging | 757-873-0541 | Counties of James City & York. Cities of Hampton, Newport News, Poquoson & Williamsburg. |
| Piedmont Senior Resources Area Agency on Aging, Inc. | 434-767-5588 800-995-6918 | Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway & Prince Edward. |
| Prince William Area Agency on Aging | 703-792-6400 | County of Prince William. Cities of Manassas & Manassas Park. |
| Rappahannock Area Agency on Aging, Inc. | 540-371-3375 800-262-4012 | Counties of Caroline, King George, Spotsylvania & Stafford. City of Fredericksburg. |
| Rappahannock-Rapidan Community Service Board | 540-825-3100 | Counties of Culpeper, Fauquier, Madison, Orange & Rappahannock. |
| Senior Connections – The Capitol Area Agency on Aging, Inc. | 804-343-3000 800-989-2286 | Counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent & Powhatan. City of Richmond. |
| Senior Services of Southeastern Virginia | 757-461-9481 | Counties of Isle of Wight & Southampton. Cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk & Virginia Beach. |
| Shenandoah Area Agency on Aging, Inc. | 540-635-7141 800-883-4122 | Counties of Clarke, Frederick, Page, Shenandoah & Warren. City of Winchester. |
| Southern Area Agency on Aging, Inc. | 276-632-6442 800-468-4571 | Counties of Franklin, Henry, Patrick & Pittsylvania. Cities of Danville & Martinsville. |
| Valley Program for Aging Services, Inc. | 540-949-7141 800-868-8727 | Counties of Augusta, Bath, Highland, Rockbridge & Rockingham. Cities of Buena Vista, Harrisonburg, Lexington, Staunton & Waynesboro. |

The Virginia Insurance Counseling and Assistance Program (VICAP) is one of many programs offered by the local Area Agencies on Aging, or AAAs, in Virginia. For more information, contact your local AAA or the Virginia Department for the Aging (804-662-9333 / 800-552-3402; www.vda.virginia.gov).